

APPLICATION FOR SEARCH OF DEATH RECORD FILES

FULL NAME OF DECEASED: _____
First Middle Last

PLACE OF DEATH: _____
Hospital City/Village/Twp County

DATE OF DEATH: _____ SEX: _____
Month Day Year Male Female

DATE OF BIRTH: _____ BIRTHPLACE: _____
Month Day Year

MARRIED: ____ WIDOWED: ____ NEVER MARRIED: ____ DIVORCED: ____

NAME OF HUSBAND OR WIFE: _____

APPLICATION MADE BY:

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

APPLICANT'S RELATIONSHIP TO DECEASED: _____

PHONE NUMBER _____

NUMBER OF COPIES DESIRED: _____

CERTIFIED COPIES \$9.00 FIRST \$4.00 EACH ADDITIONAL
GENEALOGY COPIES \$7.00 EACH (Non certified copy for those deceased for 20 years or more only)

Send to:
Ford County Clerk & Recorder
200 W. State St., Room 101
Paxton, IL. 60957

